



## Release of Financial Aid Information

I give my permission for Webster University personnel to speak with and/or disclose information regarding my student financial records to persons, companies or organizations listed below. I understand that this release form will remain in effect unless I provide the Office of Financial Aid with written notice revoking the release of financial information.

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Webster University Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

Person/Company/Organization Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____